



TO THE PUBLIC UTILITIES COMMISSION

OF THE STATE OF HAWAII

ANNUAL REPORT OF

CONTRACT PROPERTY CARRIERS

STATE EXACT NAME OF CARRIER

PUC NUMBER

FOR THE YEAR ENDED DECEMBER 31, 20_____

NOTICE: An annual report is to be filed and is due no later than April 30 to cover the preceding calendar year's operations.

Under Section 271-27(i), Hawaii Revised Statutes, a civil penalty shall be imposed for the delinquent filing of this financial report:

- (1) A sum of one-sixteenth of one percent of the motor carrier's gross revenue from the preceding calendar year shall be assessed, if the failure is not more than one month.
- (2) An additional one-sixteenth of one percent of the motor carrier's gross revenues from the preceding calendar year shall be assessed for each additional month or fraction thereof.
- (3) In no event shall the total penalty be less than \$50.

assessed. **APPROVED BY THE PUBLIC UTILITIES COMMISSION**

HAW-PUC Form 92-015
Effective 1/1/93

rev 1/1/01

**EXTENSION REQUEST TO MAY 31, 2001
TO FILE 2000 PUC ANNUAL FINANCIAL REPORT
FOR CLASS "C" CONTRACT CARRIERS**

1. This extension request must be postmarked on or before April 30, 2001. See paragraph 5a of Instruction Sheet.
2. Payment for motor carrier fee must be attached. See paragraph 5b of Instruction Sheet.
3. We **will not grant additional extensions beyond May 31, 2001**. Show cause hearing for revocation of your certificate shall be initiated if your annual financial report is not received by said date.
4. ACT 125, Session Laws of Hawaii 1998, relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. **ACT 125 DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee)**. There is **no** provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. As such, on a going forward basis, no deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

Part A:

Carrier Name _____

PUC No. _____

Address _____

Telephone No. _____

Reason for extension _____

Signature _____ Date _____

Title _____
(Owner, Partner, Officer, Authorized Agent)

Part B - Motor Carrier Fee

- | | | | |
|----|--|----|-------|
| 1. | PUC Regulated Revenues for Calendar Year 2000 | \$ | _____ |
| 2. | Fee = .0025 x Line 1 (Minimum fee \$20) | \$ | _____ |
| 3. | Less: Credit for Overpayment of Prior Year's Fee | \$ | _____ |
| 4. | Balance Due (Difference Line 2 minus Line 3) | \$ | _____ |

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: _____ PUC No. _____
Address: _____ Phone: _____
City: _____ Zip: _____

2. **Insert an "X" if new address within the last 12 months ()**

Business Name (dba): _____
Business Address (other than P.O. Box): _____
Phone: _____ City: _____ Zip: _____

- 2a. By March 2001, the **2000 Annual Financial Reports** (AFR) will be available on our Department web site. Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Date first started business: _____

4. State the various kinds of business, other than contract carriage, in which the carrier was engaged at any time during the year:

5. Island(s) in which carrier service is offered: _____

6. List companies controlled by carrier:

7. List persons or companies controlling carrier; also state percent owned:

8. Have you filed your current contract agreements with this office?: _____

9. Provide the following information regarding your insurance:

- (a) Bodily Injury and Property Damage Liability

Policy Number: _____
Insurance Carrier: _____
Insurance Agent: _____ Telephone No.: _____
Expiration Date: _____

- (b) Cargo Insurance

Policy Number: _____
Insurance Carrier: _____
Insurance Agent: _____ Telephone No.: _____
Expiration Date: _____

10. Location of carrier's records: _____

11. Name of outside accountant (PA or CPA): _____

EXHIBIT A - Continued

Address: _____ Phone: _____
City: _____ Zip: _____

12. Preparer of this report:
Name: _____ Title: _____
Address: _____ Phone: _____
City: _____ Zip: _____

13. Please check (✓) whether account books are kept on a **calendar year** () or **fiscal year** () basis. If fiscal year basis, please state the period: _____. Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, _____, certify (or declare) that I am duly authorized to
(Print of Type)

file this statement; that I have knowledge to the matters contained herein; that the PUC regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this Commission; and that the report set forth in this annual report is complete, true and correct to the best of my knowledge, information and belief.

Signature _____

Title _____

Carrier _____

Date: _____

EXHIBIT A - Continued

Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: _____
Incorporation in the State of: _____

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]

Section A OPERATING REVENUES - PROPERTY CARRIERS:

Note: (1) Before you complete this section, please read Instruction Number 7d.
 (2) Do not include non PUC revenues.

Line	Classification	PUC Revenues
1	General Commodities	
2	Specific Commodities	
3	Break Bulk & Delivery	
4	Dump Truck (Include Loading)	
5	Household Goods	
	a. Intrastate	
	b. Interstate/Military	
6	Public Warehousing (Storage In Transit)	
7	Miscellaneous (Specify):	
8	Total	*

Section B PUC MOTOR CARRIER GROSS REVENUE FEE:

9	Total PUC Revenues (* Line 8)	\$
10	Motor Carrier Fee (Line 9 x .0025.) Note: Minimum payment due is \$20.	\$
11	Less: a. Credit for Overpayment of previous year's fee.	\$
	b. Payment with Extension Request	\$
12	Balance Due (Difference line 10 minus line 11a and 11b)	\$

Pay amount on Line 12 on or before April 30th. Otherwise, penalty and interest will be assessed. **Make your check payable to Hawaii Public Utilities Commission** and attach to this page. Indicate your PUC number on the check. Your cancelled check is your receipt.

ACT 125, Session Laws of Hawaii 1998, relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. **ACT 125 DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee).** There is no provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. As such, on a going forward basis, no deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

CARRIER NAME: _____
PUC NO.: _____
ISLAND: _____

EXHIBIT C

INCOME STATEMENT

For the 12 Month Period Ending _____, 20____

(Use Whole Dollars)

DESCRIPTION		AMOUNT	TOTAL
1.	Total PUC Operating Revenues (Exhibit B, Section A, Line 8)		
	<u>PUC Operating Expenses:</u>		
2.	Advertising		
3.	Dues & License		
4.	a. Equipment Rental - Leased Vehicles		
	b. Equipment Rental - Others		
5.	Fuel & Oil		
6.	Insurance		
7.	Legal & Accounting		
8.	Office Supplies		
9.	Payroll - Drivers		
10.	Payroll - Others		
11.	Payroll Taxes & Fringe Benefits		
12.	Rent - Office/Terminal		
13.	Repairs & Maintenance - Auto		
14.	Telephone/Utilities		
15.	PUC Motor Carrier Fee		
16.	Public Service Company Tax (in lieu of General Excise Tax)		
17.	Airport Transfer Fee		
18.	a. Depreciation - PUC Vehicles		
	b. Depreciation - Other Fixed Assets		
19.	Other PUC Expenses (Attach separate sheet)		
20.	Total PUC Operating Expenses (Add Lines 2 to 19)		
21.	PUC OPERATING INCOME (Line 1 less Line 20)		
22.	PUC OPERATING RATIO (Line 20 divided by Line 1)		%
	<u>OTHER INCOME:</u>		
23.	a. Non - PUC Income (Loss)		
	b. Interest and Dividends		
	c. Other Income		
24.	Total Other Income (Add Lines 23a to 23c)		
	<u>OTHER DEDUCTIONS:</u>		
25.	a. Interest Expense		
	b. Other Deductions		
26.	Total Other Deductions (Add Lines 25a and 25b)		
27.	NET INCOME BEFORE INCOME TAXES (Line 21 plus Line 24 less Line 26)		
28.	Income Taxes		
29.	NET INCOME (Line 27 less Line 28)		

EXHIBIT D

[illegible]

assesse 4 - Tank Truck